Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ 8. WING TN7941 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST POPLAR AVENUE** DOVE HEALTH & REHAB OF COLLIERVILLE, L COLLIERVILLE, TN 38017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) N 629 1200-8-6-.06(3)(b)8. Basic Services N 629 (3) Infection Control. On 11-6-14 Housekeeping cleaned the edges and corners of room 216. 8. Water pitchers, glasses, thermometers, On 11-6-14 Housekeeping cleaned the edges and emesis basins, douche apparatus, enema corners of the bathroom floor in room 218. apparatus, urinals, mouthwash cups, bedpans and similar items of equipment coming into On 11-5-14 Housekeeping cleaned the commode chair over the commode in the bathroom of room intimate contact with residents shall be 218. disinfected or sterilized after each use unless individual equipment for each is provided and On 11-6-14 the floor in the front of the commode then sterilized or disinfected between residents of room 223 was repaired by Maintenance. and as often as necessary to maintain them in a On 11-11-14 Housekeeping cleaned the corners clean and sanitary condition. Single use, resident and edges of the floor in room 320. disposable items are acceptable but shall not be reused. On 11-11-14 the cove base of the bathroom floor in room 324 was cleaned by Housekeeping. On 11-11-14 the Housekeeping Supervisor cleaned room 325. This Rule is not met as evidenced by: The room deodorizers were removed from room 325 on 10-31-14 by Director of Nursing. Type C Pending Penalty #31 On 10-31-14 the Housekeeping Supervisor conducted an audit 51 of 51 resident rooms and Tennessee Code Annotated 68-11-804(c)31: bathrooms was conducted to ensure the All nursing homes shall disinfect contaminated cleanliness of the corners, edges, cove base, articles and surfaces, such as mattresses, linens, walls, and commode chairs; issues identified were addressed at that time. thermometers and oxygen tents. On 10-31-14 Maintenance was conducted an Based on review of job descriptions, observation audit of 51 of 51 resident rooms in regards to and interview, it was determined the facility failed paint splatters on the floors, privacy curtain hooks, commode seats, commode chairs over the to disinfect contaminated articles and surfaces as commodes, door facings going into the evidenced by a dried brown substance on the bathrooms, cove base in the rooms, an areas in potty chairs and wheelchair seats and an the wall that have been patched; issues identified uncovered nebulizer mask in 4 of 51 (Rooms will be addressed at that time. 203, 204, 208 and 218) resident rooms. On 10-31-14 an audit of 51 of 51 residents rooms was conducted percutaneous endoscopy The findings included: gastrostomy tube syringes by the Registered Nurse Supervisor, Staff Development Coordinator, and Assistant Director of Nursing Review of the facility's contracted to ensure proper storage. housekeeping services policy documented, "...cleans and disinfects wheelchairs as Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Care Facilities

	ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		TN7941	B. WING		10/3	0/2014
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST POPLAR AVENUE COLLIERVILLE, IN 38017						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE .	(X5) COMPLETE DATE
N 629	necessary and assi Review of the the fa description docume Aide Provides clear to promote sanitary environment for res 2. Observations on following: a. Room 203 - on 10/27/14 at 7:55 Ab bedside had a dried b. Room 204 - on nebulizer mask und nebulizer mask und nebulizer machine. c. Room 208 - on chair over the come substance inside and d. Room 218 - on chair over the come substance inside of During an interview 10/30/14 at 4:35 Ph if he saw the house issues with the room his head in confirm 1200-8-606(3)(k) (3) Infection Contro (k) Space and faci equipment and sup in each service are and equipment sha	gned" acility's housekeeper / aide job ented, "The Housekeeper / aing services within the facility, comfortable and homelike idents, staff and the public" the 200 hall revealed the 10/26/14 at 4:42 PM and on 1/4 a wheel chair at the 1/4 brown substance in the seat. 10/26/14 at 9:20 AM - a covered laying on top of the 1/4 at 8:05 AM - the potty mode had dried brown round the rim. 1/4 at 8:05 AM - a potty mode had dried brown the rim. while touring the 200 hall on 1/4, the administrator was asked exceping and cleanliness ms. The administrator nodded ation. Basic Services	N 645	On 10-31-14 an audit of 51 of 51 rooms nebulizer masks was conducted by the Registered Nurse Supervisor, Staff Developr Coordinator, and Assistant Director of Nursi to ensure proper storage. On 10-31-14 an audit was conducted of 51 of resident rooms by the Registered Nurse Supervisor, Staff Development Coordinator, Assistant Director of Nursing to ensure nutritional supplements is not stored at the bedside. 3. On 11-7-14 the Housekeeping Supervisor in-serviced by the Administrator in regards cleanliness of the corners, edges, cove base, walls, and commode chairs. On 11-10-14 the Housekeepers were in-serviced by the Administrator in regards to the cleanly of the corners, edges, cove base, walls, and commode chairs. On 11-7-14 the Maintenance Supervisor was serviced by the Administrator in regards to splatters on the floors, privacy curtain hook commode seats, commode chairs over the commodes, door facings going into the bathrooms, cove base in the rooms, an areas the wall that have been patched. On 11-10-14 the Maintenance Assistant was serviced by the Maintenance Director in respectively to paint splatters on the floors, privacy curtain hooks, commode seats, commode chairs over commodes, door facings going into the bathrooms, cove base in the rooms, an areas the wall that have been patched. On 11-20-14 the licensed nurses were in-ser by the Staff Development Coordinator in reto the storage of percutaneous endoscopy gastrostomy tube syringes, nebulizer masks nutritional supplements.	and was to the viced iness s in- paint s, s in egards in er the viced gards	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		TN7941	B. WING		10/30/2014	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST POPLAR AVENUE COLLIERVILLE, IN 38017						
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
N 645	•	ry and safe at all times. et as evidenced by:	N 645	On 10-31-14 Maintenance replaced the priveurtain and hooks in room 200. On 10-31-14 Housekeeping cleaned the flor edges, corners, and cove base of room 201. On 11-10-14 Maintenance cleaned and repart the area behind the commode in the bathroom	or,	
	The nursing home s and in good repair a			room 201. On 11-10-14 Housekeeping cleaned the edg corners, cove base, and threshold in the bathroom of room 202. On 10-31-14 Housekeeping cleaned the who		
	and interview, it was to ensure housekee services maintained comfortable environ evidenced by missir	job descriptions, observation determined the facility failed ping and maintenance a clean, sanitary, orderly and ment in residents' rooms as glooks on privacy curtains, y and with build up in the		chair in room 203. On 10-31-14 the percutaneous endoscopy gastrostomy syringe and nebulizer mask in 204 were discarded and replaced by director nursing.	room	
į	corners and under s bathroom floors, pe substance on the to seats, an uncovered odors in 17 of 51 (R	sinks, paint splatters on the eling paint, dried brown ilet seats and wheelchair I nebulizer mask, and strong oom 114, 120, 124, 200, 201, 206, 208, 216, 218, 223, 320,		On 10-26-14 the nutritional supplements in a 204 were removed and discarded by director nursing. On 10-31-14 Housekeeping cleaned the wall above the bedside, corners, and edges of the bathroom in room 204. On 10-31-14 Housekeeping cleaned the corr of the bathroom in room 205.	of	
	Dry mops, wet mop Cleans bathrooms i and disinfects sinks tank, bowl and base walls as directed wheelchairs as nece	cility's contracted ces job description ans floor in residents' room: s, sweep and disinfects n residents' rooms: Cleans , mirrors, pipes; the commode t; then all fixtures, floors, and cleans and disinfects essary and assigned"		of the bathroom in room 205. On 10-31-14 the Housekeeping Supervisor cleaned the corners of room 206. On 10-4-14 the Housekeeping Supervisor cleaned the edges and corners in the room of and the edges and corners in the bathroom of 208. On 11-10-14 Maintenance replaced the cover base on the corner wall, removed the paint so on the floor, and repainted the door facing go into the bathroom of room 208. On 11-5-14 Housekeeping cleaned the corner chair over the commode in the bathroom of	f pots oing node	
		cility's "Housekeeper/Aide nvironmental Services"		208.		

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ł - ·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	:	TN7941	B. WING		10/30/2014
DOVE H	PROVIDER OR SUPPLIER EALTH & REHAB OF (COLLIERVILLE J 490 WEST	DRESS, CITY, S F POPLAR A VILLE, TN 3		ON (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
N 645	documented, "The cleaning services we sanitary, comfortable for residents, staff at 2. Observations on following: a. Room 114 - on 16 splatters on the battle b. Room 120 - on 16 up and paint splatter edges of the bathrock. Room 124 - on 16 commode chair oversupport rod and ruschair, paint peeling up on the coverbased. 3. Observations on following: a. Room 200 - on 16 curtain had missing the rack. b. Room 201 - on 16 urine, the bathroom around the edges at behind the commod white spackling with musty smell with the 10/26/14 at 12:35 Psubstance with the wall in bathroom be strong urine odor in 8:27 AM - strong of floor with dirty build corners of the room. During an interview 9:10 AM, Nurse #7	e Housekeeper/Aide Provides ithin the facility to promote le and homelike environment and the public" the 100 hall revealed the 0/27/14 at 3:37 PM - paint hroom floor. 0/27/14 at 3:29 PM - dirt build are on the floor around the om and corners. 0/27/14 at 3:33 PM - er the toilet has a rusty back at noted on the legs of the off the toilet seat, dirty build are in corners of the bathroom. the 200 hall revealed the 0/26/14 at 9:10 AM - privacy hooks and was hanging from 0/26/14 at 9:00 AM - Smells of floor dirty with build up and in the corners, the wall de has been repaired with a black substance and a expearance of mold. On the hind the commode and a the room. On 10/27/14 at fensive odor in the room, the up below cove base and in	N 645	4. Beginning the week of 11-23-14 audit resident rooms and bathrooms to ensure cleanliness of the corners, edges, cove by walls, and commode chairs will be condithe Housekeeping Supervisor. The audit conducted 3 times a week for 4 weeks, I week for 4 weeks, monthly for I month, quarterly thereafter. Beginning the week of 11-23-14 audits or resident rooms in regards to paint splatter floors, privacy curtain hooks, commode commode chairs over the commodes, do facings going into the bathrooms, cover the rooms, an areas in the wall that have patched will be conducted by the Maint Supervisor. The audits will be conducted a week for 4 weeks, I times a week for monthly for I month, then quarterly the Beginning the week of 11-23-14 audits percutaneous endoscopy gastrostomy to syringes will be conducted by the Regist Nurse Supervisor, Staff Development Coordinator, and Assistant Director of Ito ensure proper storage. The audits will conducted 3 times a week for 4 weeks, week for 4 weeks, monthly for 1 month quarterly thereafter. Beginning the week of 11-23-14 audits nebulizer masks will be conducted by the Registered Nurse Supervisor, Staff Dev Coordinator, and Assistant Director of to ensure proper storage. The audits will conducted 3 times a week for 4 weeks, week for 4 weeks, monthly for 1 month quarterly thereafter. Beginning the week of 11-23-14 audits resident rooms will be conducted by the Registered Nurse Supervisor, Staff Dev Coordinator, and Assistant Director of to ensure nutritional supplements are not to ensur	the ase, aucted by s will be time a then of crs on the scats, sor ase in been enance d 3 times 4 weeks, reafter. of be itered Nursing I be I times a , then of he velopment Nursing II be I times a , then

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING TN7941 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST POPLAR AVENUE** DOVE HEALTH & REHAB OF COLLIERVILLE, L COLLIERVILLE, TN 38017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ΙĐ (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 645 Continued From page 4 N 645 at the bedside. The audits will be conducted 3 Nurse #7 stated, "Looks like mold." times a week for 4 weeks, I times a week for 4 weeks, monthly for I month, then quarterly thereafter. c. Room 202 - on 10/26/14 at 9:15 AM - the bathroom floor was dirty with dirt build up around The results of the audits will be reviewed by the the edges and in the corners with pieces of paper Quality Assurance Performance Improvement towel on the floor. On 10/26/14 at 12:37 PM - the Committee monthly for 3 months. The Administrator is responsible for monitoring and bathroom with build up around the cove base on compliance. the floor and across the threshold. d. Room 203 - on 10/26/14 at 4:42 PM and on Date of Compliance: 11-28-14 11- 28-14 10/27/14 at 7:55 AM - a wheel chair at the bedside had a dried brown substance in the seat. e. Room 204 - on 10/26/14 at 9:20 AM - an uncovered Percutaneous Endoscopy Gastrostomy (PEG) syringe laying on the bedside table, the wall above the bedside had dried splatters of yellowish brown spots with the appearance of nutritional supplement (6 cans of of nutritional supplement on the bed side table), a nebulizer mask uncovered laying on top of the nebulizer machine and the bathroom floor was dirty around the edges of the wall and in the corner. f. Room 205 - on 10/27/14 at 7:57 AM bathroom floor has dirt build up in the corners. g. Room 206 - on 10/26/14 at 9:25 AM - dirt build up in the floor in the corners of the room along the wall. h. Room 208 - on 10/26/14 at 9:30 AM - dirt around the edges and in the corners of the floor in the room. The cove base was missing on the corner of the wall beside the door. The bathroom had dirt build up around the edges and in the corner of the floor. Paint spots on the floor and paint peeling from the door facing going into the bathroom. On 10/27/14 at 8:05 AM the bathroom floor dirty with build up around the edges and in the corners, and the potty chair over the commode had dried brown substance inside around the rim. i. Room 216 - on 10/27/14 at 10:00 AM - the

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING TN7941 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST POPLAR AVENUE DOVE HEALTH & REHAB OF COLLIERVILLE, I COLLIERVILLE, TN 38017 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 645 NEAS N 645 | Continued From page 5 bathroom floor has dirt around the edges and On 11-6-14 Housekeeping cleaned the edges and build up in the corners. corners of room 216. j. Room 218 - on 10/27/14 at 8:05 AM - the On 11-6-14 Housekeeping cleaned the edges and bathroom floor dirty with dirt build up around the corners of the bathroom floor in room 218. edges and in the corners, a potty chair over the commode had dried brown substance inside of On 13-5-14 Housekeeping cleaned the commode the rim. chair over the commode in the bathroom of room k. Room 223 - on 10/26/14 at 11:56 AM and 3:22 PM, and on 10/27/14 at 8:09 AM and 2:45 PM -On 11-6-14 the floor in the front of the commode the floor in front of the commode in the bathroom of room 223 was repaired by Maintenance. with dry, liquid stains noted. On 11-11-14 Housekeeping cleaned the corners and edges of the floor in room 320. 4. Observations on the 300 hall revealed the following: On 11-11-14 the cove base of the bathroom floor a. Room 320 - on 10/27/14 at 3:16 PM in room 324 was cleaned by Housekeeping. bathroom floor had dirt build up around the edges On 11-11-14 the Housekeeping Supervisor and the corners. cleaned room 325. b. Room 324 - on 10/26/14 at 3:53 PM - dirty build up around the cove base on the bathroom The room deodorizers were removed from room 325 on 10-31-14 by Director of Nursing. floor. 2. On 10-31-14 the Housekeeping Supervisor c. Room 325 - on 10/26/14 at 12:48 PM and 4:25 conducted an audit 51 of 51 resident rooms and PM, on 10/27/14 at 2:57 PM, and on 10/28/14 at bathrooms was conducted to ensure the 8:15 AM - very strong odor in room. There were 6 cleanliness of the corners, edges, cove base, room deodorizers in this room, 1 was on the shelf walls, and commode chairs; issues identified beside the resident in the A bed and 5 were on a were addressed at that time. tall shelf in front of the resident in the A bed. On 10-31-14 Maintenance was conducted an audit of 51 of 51 resident rooms in regards to During an interview in room 325 on 10/27/14 at paint splatters on the floors, privacy curtain hooks, commode seats, commode chairs over the 6:25 PM, the housekeeping supervisor was commodes, door facings going into the questioned about the odor in this resident's room. bathrooms, cove base in the rooms, an areas in The housekeeping supervisor stated, "Have tried the wall that have been patched; issues identified everything with [pointing to resident in the A bed], will be addressed at that time. it is him, he will not always let the certified nursing On 10-31-14 an audit of 51 of 51 residents assistants [CNAs] clean him, try to clean his rooms was conducted percutaneous endoscopy mattress when can, don't know what to do." The gastrostomy tube syringes by the Registered housekeeping supervisor confirmed there was an Nurse Supervisor, Staff Development Coordinator, and Assistant Director of Nursing odor in room 325. to ensure proper storage. During an interview in room 325 on 10/28/14 at

6:35 PM, CNA#4 confirmed there was an odor in

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING TN7941 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST POPLAR AVENUE DOVE HEALTH & REHAB OF COLLIERVILLE, L COLLIERVILLE, TN 38017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)m (X4) JD COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 645 N 645 | Continued From page 6 room 325. CNA #4 stated, "He [named resident] On 10-31-14 an audit of 51 of 51 rooms nebulizer masks was conducted by the refuses care frequently, he is incontinent, will let Registered Nurse Supervisor, Staff Development me care for him, but he refuses to be cleaned up, Coordinator, and Assistant Director of Nursing have had difficulty with this resident refusing to ensure proper storage. care." On 10-31-14 an audit was conducted of 51 of 51 resident rooms by the Registered Nurse 5. During an interview while touring the 100, 200 Supervisor, Staff Development Coordinator, and and 300 halls on 10/30/14 at 4:35 PM, the Assistant Director of Nursing to ensure nutritional supplements is not stored at the administrator was asked if he saw the hedside. housekeeping and cleanliness issues with the halls and the rooms. The administrator nodded 3. On 11-7-14 the Housekeeping Supervisor was in-serviced by the Administrator in regards to the his head in confirmation. cleanliness of the corners, edges, cove base, walls, and commode chairs. N 728 N 728 1200-8-6-.06(6)(b) Basic Services On 11-10-14 the Housekeepers' were in-serviced by the administrator in regards to the cleanliness (6) Pharmaceutical Services. of the corners, edges, cove base, walls, and commode chairs. (b) Such cabinets or drug rooms shall be kept securely locked when not in use, and the key On 11-7-14 the Maintenance Supervisor was inserviced by the Administrator in regards to paint must be in the possession of the supervising splatters on the floors, privacy curtain hooks, nurse or other authorized persons. commode seats, commode chairs over the commodes, door facings going into the bathrooms, cove base in the rooms, an areas in the wall that have been patched. This Rule is not met as evidenced by: Type C Pending Penalty #7 On 11-10-14 the Mainteffance Assistant was inserviced by the Maintenance Director in regards Tennessee Code Annotated 68-11-804(c)7: to paint splatters on the floors, privacy curtain All internal and external medications and hooks, commode seats, commode chairs over the preparations intended for human use shall be commodes, door facings going into the bathrooms, cove base in the rooms, an areas in stored separately. They shall be properly stored the wall that have been patched. in medicine compartments, including cabinets on wheels, or drug rooms. Such cabinets or drug On 11-20-14the licensed nurses were in-serviced rooms shall be kept securely locked when not in by the Staff Development Coordinator in regards to the storage of percutaneous endoscopy use, and the key must be in the possession of the gastrostomy tube syringes, nebulizer masks, and supervising nurse or other authorized persons nutritional supplements. then on duty. Poisons or external medications shall not be stored in the same compartment and shall be labeled as such.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
TN7941		B. WING		10/30/2014		
NAME OF 1	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE			
DOVE HI	EALTH & REHAB OF	COLLIERVILLE	POPLAR A			
(X4) ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				D BE COMPLETE	
N 728	•	_	N 728	On 10-31-14 Maintenance replaced the procurtain and hooks in room 200.	ivacy	
	Based on observation and interview, it was determined the facility failed to ensure 2 of 5 (Nurses #2 and 4) medication nurses did not leave medications unattended and out of their sight.			On 10-31-14 Housekeeping cleaned the fl edges, corners, and cove base of room 20 On 11-10-14 Maintenance cleaned and re- the area behind the commode in the bathra room 201.	t. paired	
	10/28/14 at 9:30 AM prepared medication walked to the hall to in pulling this resider resident up in the bithe bathroom. Nursunattended and out to get a staff membibathroom washing. 2. Observations in 10/28/14 at 10:19 Amedications on the bathroom to wash him edications on the out of sight. 3. During an intervision on 10/29/14 at Nursing (DON) was	Resident #120's room on M, revealed Nurse #2 placed ns on the overbed table, get a staff member to assist ent up in the bed, assisted this ed, and washed her hands in e #2 left the medications of sight as she left the room er and while she was in the		On 11-10-14 Housekeeping cleaned the ecomers, cove base, and threshold in the bathroom of room 202. On 10-31-14 Housekeeping cleaned the wichair in room 203. On 10-31-14 the percutaneous endoscopy gastrostomy syringe and nebulizer mask in 204 were discarded and replaced by director nursing. On 10-26-14 the nutritional supplements in 204 were removed and discarded by director nursing. On 10-31-14 Housekeeping cleaned the ward above the bedside, corners, and edges of the bathroom in room 204. On 10-31-14 Housekeeping cleaned the corroof the bathroom in room 205. On 10-31-14 the Housekeeping Supervisor cleaned the corners of room 206. On 10-4-14 the Housekeeping Supervisor cleaned the edges and corners in the room of cleaned th	n room or of room or of	
N 765		d not be left unattended." Basic Services	N 765	and the edges and corners in the bathroom of 208. On 11-10-14 Maintenance replaced the cover base on the corner wall, removed the paint s	pots	
	(9) Food and Diete	tic Services.		on the floor, and repainted the door facing g into the bathroom of room 208.	oing	
	rodents, unnecessa	protected from dust, flies, ary handling, droplet infection, and other sources of		On 11-5-14 Housekeeping cleaned the commode in the bathroom of 208.		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		TN7941	B. WING		10/30/2014
NAME OF	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa contamination whet prepared and serve hallways. This Rule is not me Type C Pending Pe Tennessee Code At Food shall be prote unnecessary handli leakage and other s whether in storage of served and/or trans Based on policy rev	TN7941 STREET ADI 490 WEST COLLIERVILLE, L TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 8 her in storage or while being d and/or transported through et as evidenced by: nalty #22 nnotated 68-11-804(c)22: cted from dust, flies, rodents, ng, droplet infection, overhead sources of contamination, or while being prepared and ported through hallways. iew, observation and	B. WING	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROVIDER'S PLAN OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROVIDER OF THE AP	DN (X5) D BE COMPLETE DATE f ed by ill be ne a in the ts, in en nee a times eeks,
	Based on policy review, observation and interview, it was determined the facility failed to ensure practices to prevent the potential spread of infection were maintained by 2 of 24 staff members (Certified Nursing Assistant (CNA) #2 and 3) during dining observations and failed to ensure expired milk was not served, which could have affected 2 of the 20 residents eating in the fine dining room. The findings included: 1. Review of the facility's hand hygiene policy documented, "Assume every person is potentially infected or colonized with organisms that could be transmitted in the facility and apply the following infection control practices GUIDELINES 5. If hands are not visibly soiled, alcohol-based hand rubs are preferred for hand hygiene: A. Before having direct contact with residents C. After contact with resident's intact skin E. After contact with inanimate objects" a. Observations in Resident #97's room on 10/28/14 at 8:00 AM, revealed CNA #2 was assisting Resident #97 with the breakfast meal.			percutaneous endoscopy gastrostomy tube syringes will be conducted by the Registere Nurse Supervisor, Staff Development Coordinator, and Assistant Director of Nurs to ensure proper storage. The audits will be conducted 3 times a week for 4 weeks, 1 tim week for 4 weeks, monthly for 1 month, the quarterly thereafter. Beginning the week of 11-23-14 audits of nebulizer masks will be conducted by the Registered Nurse Supervisor, Staff Develop Coordinator, and Assistant Director of Nurs to ensure proper storage. The audits will be conducted 3 times a week for 4 weeks, 1 tin week for 4 weeks, monthly for 1 month, the quarterly thereafter. Beginning the week of 11-23-14 audits of resident rooms will be conducted by the Registered Nurse Supervisor, Staff Develop Coordinator, and Assistant Director of Nurs to ensure nutritional supplements are not storage.	ment ing ment ing

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING TN7941 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 490 WEST POPLAR AVENUE DOVE HEALTH & REHAB OF COLLIERVILLE, L COLLIERVILLE, TN 38017 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) N 765 Continued From page 9 N 765 at the bedside. The audits will be conducted 3 CNA #2 got up and repositioned Resident #18, times a week for 4 weeks, 1 times a week for 4 11-28-14 then returned and continued to assist Resident weeks, monthly for 1 month, then quarterly thereafter. #97 without performing hand hygiene. The results of the audits will be reviewed by the During an interview in the staff development room Quality Assurance Performance Improvement Committee monthly for 3 months. The on 10/29/14 at 7:35 AM, the Assistant Director of Administrator is responsible for monitoring and Nursing (ADON) was asked what she expects compliance. staff to do when assisting to feed a resident and repositioning another resident. The ADON stated, Date of Compliance: 11-28-14 "Clean their hands and I prefer them to wash their N728 hands." 1. On 11-11-14 Nurses #2 and # 4 were inb. Observations in Resident #55's room on serviced by the Staff Development Coordinator 10/26/14 at 12:30 PM, CNA #3 placed a meal tray in regards to leaving medications unattended. on the overbed table, applied gloves, assisted 2. On I1-14-14 medication pass audit by Resident #55 up in the bed, touching the resident observation was conducted by Assistant Director and the bed, removed her gloves, without of Nursing to ensure medications were not left performing hand hygiene and continued to set up unattended; no negative issues were identified. the trav. 3. Beginning on 11-20-14 the licensed nurses were in-serviced by Consultant Pharmacist in During an interview in the staff development room regards to not leaving medications unattended on 10/29/14 at 4:35 PM, the Director of Nursing and unsecured. (DON) was asked what should staff do after Beginning 11-19-14 the licensed nurses were intouching residents, in between glove use, and serviced by Staff Development Coordinator passing meal trays. The DON stated, "Should regarding not leaving medications unattended. perform hand hygiene." 4. Beginning on the week of 11-23-14 observational audits during medication 2. Observations in the fine dining room on administration will be conducted by the 10/26/14 at 12:30 PM, revealed 2 cartons of Registered Nurse Supervisor, Assistant Director chocolate milk with an expiration date of 10/24/14 of Nursing and/or Staff Development Coordinator to ensure medications are not left in a pan of ice to be served to residents with their lunch meal. There were 20 residents in the dining unattended or unsecured. The audits will be conducted 3 times a week for 4 weeks, 1 times a room for lunch. week for 4 weeks, monthly for 1 month, then quarterly thereafter. During an interview in the fine dining room on 10/26/14 at 1:12 PM, the Assistant Director of The results of the audits will be reviewed by the Quality Assurance Performance Improvement Nursing (ADON) was asked would you expect 11-28-14 Committee monthly for 3 months. The Director chocolate milk that is being served to be expired. of Nursing is responsible for monitoring and The ADON stated, "No, it shouldn't be." The

ADON then proceeded to remove it off the tray

compliance.

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING TN7941 10/30/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **490 WEST POPLAR AVENUE** DOVE HEALTH & REHAB OF COLLIERVILLE, L COLLIERVILLE, TN 38017 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1. CNA # 2 and CNA # 3 were in-serviced on 11-4-14 by the N 765 N 765 Continued From page 10 Staff Development Nurse in regards to hand hygiene. including emphasis on the washing of hands after each direct and put them into the trash. i resident contact, after contact with inanimate objects/and or after the removal of gloves. Residents # 97 and # 55 were assessed by Director of Nursing on 10-31-14; no negative issues were identified. The chocolate milk was discarded on 10-26-14 by the Assistant Director of Nursing. 2. An observational audit of the meal service was conducted on 11-3-14 by Staffing Development Coordinator to ensure hand hygiene was conducted per requirements; no negative issues were identified at that time. On 10-26-14 and 11-12-14, an audit of the expiration dates of milk was conducted by the Dietary Manager; no negative issues were identified. 3. Beginning on 11-23-14 the Staff Development Coordinator and the Assistant Director of Nursing in-serviced and performed hand hygiene skills checks with the nursing staff. On 11-12-14 the Administrator in-serviced the Dietary Manager in regards to checking the expiration dates of milk. On 11-12-14 the Administrator in-serviced the dietary staff in regards to checking the expiration dates of milk. 4. Beginning on the week of 11-23-14 an observational audit of the meal service will be conducted by the Registered Nurse Supervisor, Assistant Director of Nursing, Director of Nursing, Staff Development Nurse, and/ or the Central Supply Nurse to ensure hand hygiene is performed per requirements. The observational audits will be conducted 3 times a week for 4 weeks, 1 times a week for 4 weeks, monthly for 1 month, then quarterly thereafter. Beginning on the week of 11-23-14 an audit of expiration dates of milk will be conducted by the Dietary Manager. The audits will be conducted 3 times a week for 4 weeks, 1 times a week for 4 weeks, monthly for 1 month, then quarterly thereafter. 11-28-14 The results of the audits will be reviewed by the Quality Assurance Performance Improvement Committee monthly for 3 months. The Administrator is responsible for monitoring and compliance.

Division of Health Care Facilities

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If continuation sheet 11 of 11